-11	PAT	ENT APPLIC	CATION	FEE DETE	N RECORD		ns It displays a valid CNAB control in Accidentation or Doctor Number 10/666.72.8		*	
-	•		SUOSTIL	te for Form PTC	,-013			44	عالبات	
_	-0'\(\frac{1}{2}\).	CLAIMS AS	FILED -		~	CENTITY -	'OR'	OTHER SMALL	THAN	
_	7,	(Col	umn 1)	(Co	uma 2)	SMAL	LENITIY	- ···	SMALL	EXIIIT
FOR		MUMB	MUMBER FRED MUMBER			RATE	FEE	l	RATE	FEE
ASIC FEE 7 OFR 1.16(a))								OR		37500
DTAL CLAIMS 7 OFR 1.16(c))		1 2	3 .minus 20 : . —			**		OR	x : •	
DEPENDENT CLARAS		<u> </u>		minus 3 · ·		1		1	xs.	
-	CFR 1.16(b))			•1•		 ``	-	08	^ <u>`</u>	
Ų,	TIPLE DEPENDE	NT CLAIM PRESE	MT (3)	CFR 1.15(d))		+=		OR		
٠.	he difference in o	alumen 1 is less the	ter 'V' in column i	2.	TOTAL .	L	OR	TOTAL	375.00	
	a	AIMS AS AM	ENDED -	- PART II						
7						****		OR	OTHER	
<u>/</u> :	-13-06	(Cotumn 1)		(Column 2)	(Column 3)	SMAL	LENTITY	7 ·	SWALL	ENIIIA
⋖		CLAIMS . - REMAINING -	1 1	HIGHEST NUMBER	PRESENT	RATE	,ADD1		RATE	ADO1
AMENOMEN		AFTER	1 1	PREVIOUSLY PAID FOR	EXTRA		TIONAL	1		TIONAL FEE
¥	· Folal	2	When.	-20	•	1015	- ·	1	11/7	
Ž	Car CFR 1,140(d) Independent	- 3	Miras		-		1	OR.	100	
Σ	CIS CAN F. MONT	9	1	<u> </u>	\Box	** /0 C	 	OR	× × × (C)	<u> </u>
۲	FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM GIT OFR LINGS					+4		OR.	+3	
		•			7	TOTAL ADDIL FEE		OR	TOTAL ADOL FEE	
	111 -	n						7 ~	ADDETCE	
	<u> </u>	(Column 1)		(Column 2)	(Column 3)			•		
D		REMADING		HIGHEST NUMBER	PRESENT	RATE	ADD1-		RATE	ADDI-
Ę		AFTER AMERICANENT	ļ.:	PREVIOUSLY PAID FOR	EXTRA		TIONAL	1	1]	TIONAL FEE
Ę	Total	1 7	'Who	**7 -	• /	25		1	** 579	, , , , ,
AMENUMENI	prom Laga		Minur			13.XX	:	OR		· · ·
إت	Independent proma 1,4600	<u> </u>		3		×#///	<u> </u>	OR.	×=200	-
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (\$7 GFR 1.15(4))					+8		OR	43	<u> </u>
						TOTAL		1 oa	TOTAL ADD'L FEE	
						ADD'L FEE	· L	7 ov.	AUTOS	
		(Column 1)		(Column 2)	(Column 3)	<u> </u>		-		
C		CLAIMS REMAINING	1 7	HIGHEST NUMBER	PRESENT	RATE	ADDI	1	RATE	ADDI
		AFTER		PREVIOUSLY	EXTRA		TIONAL	ı		TIONAL
ENOMENI	Yolsi	AMERICALENT	Mires	PAID FOR	•	75	1 144	1		755
5	CE OFA 1.14(c)	<u> </u>			<u>. </u>	× sox J.		OR	× · St.	
ű	Independent pr CFR 1.46/8	<u> </u>	Minus			x 5/4/7s	<u> </u>	OR	x:200	
3	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM . DT GFR 1.5R(4)					1.4		OR	+ 1	L
_						TOTAL		1	TOTAL	
		physics-1-is locar Du		_		ADD'L FEE		OR	ADO'L FEE	L

"If the "Highest Humber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of internation is required by 37 CFR 1.16. The information is equived to obtain or retain a benefit by the public which is to the fund by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and exhibiting the complete application form to the USPTO. This will vary depending upon the included case. Any commends on the amount of time you empire to complete this form endlor suppositions for reducing this border, should be sent to the Cited Information Office, U.S. Department of Community, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petente, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need excistence in completing the form, call 1-600-PTO-0199 and calcul option 2.